

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

**A For the 2013 calendar year, or tax year beginning** 09/01, 2013, and ending 08/31, 2014

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> INNER CITY SCHOLARSHIP FUND, INC. Doing Business As			<b>D Employer identification number</b> 51-0453629	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b> (212) 753-8583	
	1011 FIRST AVENUE		1400		
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022				
<b>F Name and address of principal officer:</b> SUSAN GEORGE 1011 FIRST AVENUE NEW YORK, NY 10022					
<b>G Gross receipts \$</b> 29,264,681.					
<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)					
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J Website:</b> ▶ WWW.ICSF-NYC.ORG					
<b>H(c) Group exemption number</b> ▶ 0928					
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					
<b>L Year of formation:</b> 1971 <b>M State of legal domicile:</b> NY					

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO PROVIDE FUNDING FOR THE BENEFIT OF STUDENTS IN ATTENDANCE AT CATHOLIC SCHOOLS SERVING CERTAIN LOW-INCOME AREAS WITHIN THE ARCHDIOCESE OF NEW YORK.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	34.	
	<b>4</b>	33.	
	<b>5</b>	61.	
	<b>6</b>	115.	
	<b>7a</b>	0	
<b>7b</b>	0		
<b>Revenue</b>	<b>8</b>	<b>Prior Year</b>	<b>Current Year</b>
	Contributions and grants (Part VIII, line 1h)	13,708,270.	16,003,066.
	Program service revenue (Part VIII, line 2g)	0	0
	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	635,048.	714,237.
	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-108,002.	-146,141.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,235,316.	16,571,162.
<b>Expenses</b>	<b>13</b>	<b>Prior Year</b>	<b>Current Year</b>
	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,952,740.	12,688,755.
	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	851,717.	1,045,243.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	391,790.	302,875.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,588,965.		
Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,535,788.	1,584,794.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,732,035.	15,621,667.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-496,719.	949,495.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>
	Total assets (Part X, line 16)	17,327,320.	19,132,145.
	<b>21</b> Total liabilities (Part X, line 26)	519,450.	889,413.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	16,807,870.	18,242,732.	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer _____ Date _____			
	Type or print name and title _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Raymond Ly</b>	Preparer's signature _____	Date 7-13-15	Check <input type="checkbox"/> if self-employed PTIN P01205643
	Firm's name ▶ KPMG LLP		Firm's EIN ▶ 13-5565207	
	Firm's address ▶ 1676 INTERNATIONAL DRIVE MCLEAN, VA 22102		Phone no. 703-286-8000	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2013)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,207,324. including grants of \$ 1,207,324. ) (Revenue \$ )

FINANCIAL AID GRANTS - GRANT PROGRAM PROVIDES UNRESTRICTED FUNDS TO INNER CITY SCHOOLS TO USE WHERE THE STUDENTS AND/OR THE SCHOOL NEED IT MOST. THIS COULD BE FOR STUDENT SCHOLARSHIPS, ENRICHMENT OPPORTUNITIES, CAPITAL REPAIRS OR GENERAL OPERATIONS.

4b (Code: ) (Expenses \$ 5,805,270. including grants of \$ 5,494,902. ) (Revenue \$ )

BE A STUDENT'S FRIEND - THIS PROGRAM MATCHES A SPONSOR WITH AN INDIVIDUAL STUDENT WHO IS CURRENTLY ATTENDING AN ICSF SCHOOL AND WHOSE FAMILIES ARE MOST IN NEED OF FINANCIAL ASSISTANCE. EACH SPONSOR CONTRIBUTES A FIXED AMOUNT PER YEAR AND HAS THE OPTION TO SPONSOR THE SAME STUDENT UNTIL HE/SHE GRADUATES FROM HIGH SCHOOL.

4c (Code: ) (Expenses \$ 5,566,178. including grants of \$ 5,566,178. ) (Revenue \$ )

CARDINAL SCHOLARSHIP FUND - THIS INITIATIVE PROVIDES FINANCIAL ASSISTANCE TO THOSE IN PUBLIC SCHOOL LOOKING TO ENROLL AT AN INNER-CITY SCHOOL. DEPENDING ON FINANCIAL NEED OF THE FAMILY, THESE SCHOLARSHIPS COVER UP TO 75% OF THE SUBSIDIZED TUITION.

4d Other program services (Describe in Schedule O.) ATTACHMENT 1 (Expenses \$ 644,273. including grants of \$ 420,351. ) (Revenue \$ )

4e Total program service expenses 13,223,045.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. . . . .</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I. . . . .</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. . . . .		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III. . . . .</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I. . . . .</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2. . . . .</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI. . . . .</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (34), 1b (33), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MONSIGNOR GREGORY MUSTACIUOLO 1011 FIRST AVENUE NEW YORK, NY 10022 212-753-8583

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII. . . . .  X

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)CARDINAL TIMOTHY DOLAN CHAIRMAN	1.00 0	X		X				0	0	0
(2)ARTHUR J. MAHON TRUSTEE	1.00 0	X						0	0	0
(3)CATHERINE M. KEATING TRUSTEE	1.00 0	X						0	0	0
(4)CHRISTINE H. SCHWARZMAN TRUSTEE	1.00 0	X						0	0	0
(5)EDWARD D. HERLIHY TRUSTEE	1.00 0	X						0	0	0
(6)FREDERIC V. SALERNO TRUSTEE	1.00 0	X						0	0	0
(7)GEORGE B. IRISH TRUSTEE	1.00 0	X						0	0	0
(8)HELEN T. LOWE TRUSTEE	1.00 0	X						0	0	0
(9)HOWARD J. RUBENSTEIN TRUSTEE	1.00 0	X						0	0	0
(10)JOHN J. FARRELL TRUSTEE	1.00 0	X						0	0	0
(11)JOHN M. CALLAGY ESQ. TRUSTEE	1.00 0	X						0	0	0
(12)JOHN Q. DOYLE TRUSTEE	1.00 0	X						0	0	0
(13)LAWRENCE B. BENENSON TRUSTEE	1.00 0	X						0	0	0
(14)MARTIN J. SULLIVAN TRUSTEE	1.00 0	X						0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) MARY ANN TIGHE TRUSTEE/VICE PRESIDENT	1.00 0	X		X				0	0	0
( 16) MAURO C. ROMITA TRUSTEE	1.00 0	X						0	0	0
( 17) MICHAEL J. MILLETTE TRUSTEE	1.00 0	X						0	0	0
( 18) MO ROCCA TRUSTEE	1.00 0	X						0	0	0
( 19) MSGR. GREGORY MUSTACIUOLO TRUSTEE/TREASURER	1.00 0	X		X				0	0	0
( 20) PATRICIA A. QUICK TRUSTEE	1.00 0	X						0	0	0
( 21) PETER K. SCATURRO TRUSTEE UNTIL 5/2/2014	1.00 0	X						0	0	0
( 22) PETER T. GRAUER TRUSTEE/PRESIDENT	1.00 0	X		X				0	0	0
( 23) PONCHITTA PIERCE TRUSTEE	1.00 0	X						0	0	0
( 24) RONALD E. BLAYLOCK TRUSTEE UNTIL 12/6/2013	1.00 0	X						0	0	0
( 25) SUSAN GEORGE EXECUTIVE DIRECTOR	35.00 0	X		X				233,593.	0	12,393.
<b>1b Sub-total</b> . . . . .								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								349,192.	0	35,034.
<b>d Total (add lines 1b and 1c)</b> . . . . .								349,192.	0	35,034.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **2**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) THOMAS C. QUICK ----- TRUSTEE	1.00 ----- 0	X					0	0	0	
27) THOMAS S. JOHNSON ----- TRUSTEE	1.00 ----- 0	X					0	0	0	
28) TIMOTHY C. MUCCIA ----- TRUSTEE	1.00 ----- 0	X					0	0	0	
29) TIMOTHY MCNIFF ----- TRUSTEE/SECRETARY	1.00 ----- 0	X		X			0	0	0	
30) ANTHONY J. DE NICOLA ----- TRUSTEE/VICE PRESIDENT	1.00 ----- 0	X		X			0	0	0	
31) STEPHEN G. ROONEY, ESQ. ----- TRUSTEE	1.00 ----- 0	X					0	0	0	
32) SAMUEL A. DI PIAZZA JR. ----- TRUSTEE	1.00 ----- 0	X					0	0	0	
33) ROBERT GITTINGS ----- TRUSTEE	1.00 ----- 0	X					0	0	0	
34) THOMAS S. MURPHY JR. ----- TRUSTEE/VICE PRESIDENT	1.00 ----- 0	X		X			0	0	0	
35) WALTER S. TOMENSON JR. ----- TRUSTEE/VICE PRESIDENT	1.00 ----- 0	X		X			0	0	0	
36) HON MILTON L. WILLIAMS SR. ----- TRUSTEE	1.00 ----- 0	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	2,988,670.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	13,014,396.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			16,003,066.			
<b>Program Service Revenue</b>	<b>2a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶			0			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			468,595.			468,595.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶			0			
	<b>5</b> Royalties . . . . . ▶			0			
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . . ▶			0			
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .						
	<b>c</b> Gain or (loss) . . . . .						
	<b>d</b> Net gain or (loss) . . . . . ▶			245,642.			245,642.
	<b>8a</b> Gross income from fundraising events (not including \$ 2,988,670. of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>			301,043.			
	<b>b</b> Less: direct expenses . . . . . <b>b</b>			447,184.			
	<b>c</b> Net income or (loss) from fundraising events . . . . . ▶			-146,141.			-146,141.
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>						
<b>b</b> Less: direct expenses . . . . . <b>b</b>							
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>							
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>							
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶			0				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			0				
<b>12 Total revenue.</b> See instructions . . . . . ▶			16,571,162.				568,096.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	12,688,755.	12,688,755.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	233,593.		58,398.	175,195.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	640,025.		221,826.	418,199.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	54,856.		16,153.	38,703.
9 Other employee benefits . . . . .	37,230.		827.	36,403.
10 Payroll taxes . . . . .	79,539.		32,388.	47,151.
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	0			
c Accounting . . . . .	42,600.		42,600.	
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17 . . . . .	302,875.			302,875.
f Investment management fees . . . . .	4,819.			4,819.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	233,303.		70,421.	162,882.
12 Advertising and promotion . . . . .	323,976.			323,976.
13 Office expenses . . . . .	18,810.		17,519.	1,291.
14 Information technology . . . . .	70,385.		70,385.	
15 Royalties . . . . .	0			
16 Occupancy . . . . .	99,024.		99,024.	
17 Travel . . . . .	19,955.		450.	19,505.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	0			
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	24,077.		24,077.	
23 Insurance . . . . .	5,454.		5,454.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>BASF PROGRAMS</u> . . . . .	310,368.	310,368.		
b <u>ENRICHMENT PROGRAM</u> . . . . .	223,922.	223,922.		
c <u>CREDIT CARD FEES</u> . . . . .	50,970.		50,970.	
d <u>MISCELLANEOUS</u> . . . . .	107,561.		49,595.	57,966.
e All other expenses . . . . .	49,570.		49,570.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>15,621,667.</b>	<b>13,223,045.</b>	<b>809,657.</b>	<b>1,588,965.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments	1,766,828.	<b>2</b>	3,287,827.
	<b>3</b> Pledges and grants receivable, net	2,039,155.	<b>3</b>	1,548,705.
	<b>4</b> Accounts receivable, net	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	805,660.	<b>7</b>	2,156,505.
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	0	<b>9</b>	0
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 246,328.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 89,830.	180,575.	<b>10c</b> 156,498.
	<b>11</b> Investments - publicly traded securities	12,317,218.	<b>11</b>	11,617,936.
	<b>12</b> Investments - other securities. See Part IV, line 11	0	<b>12</b>	0
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	217,884.	<b>15</b>	364,674.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	17,327,320.	<b>16</b>	19,132,145.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	273,471.	<b>17</b>	207,028.
	<b>18</b> Grants payable	0	<b>18</b>	518,679.
	<b>19</b> Deferred revenue	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	245,979.	<b>25</b>	163,706.
	<b>26 Total liabilities.</b> Add lines 17 through 25	519,450.	<b>26</b>	889,413.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	3,738,165.	<b>27</b>	4,990,996.
	<b>28</b> Temporarily restricted net assets	7,222,373.	<b>28</b>	7,304,404.
	<b>29</b> Permanently restricted net assets	5,847,332.	<b>29</b>	5,947,332.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	16,807,870.	<b>33</b>	18,242,732.
	<b>34</b> Total liabilities and net assets/fund balances	17,327,320.	<b>34</b>	19,132,145.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	16,571,162.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	15,621,667.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	949,495.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	16,807,870.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	485,367.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	18,242,732.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

<b>Name of the organization</b> INNER CITY SCHOLARSHIP FUND, INC.	<b>Employer identification number</b> 51-0453629
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
<b>11g(i)</b>		
  - (ii) A family member of a person described in (i) above? 

	Yes	No
<b>11g(ii)</b>		
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
<b>11g(iii)</b>		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2013 (66.98%); 15 Public support percentage from 2012 Schedule A, Part II, line 14 (70.15%); 16a 33 1/3% support test - 2013 (checked); 16b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; 17b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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**Schedule of Contributors**

**2013**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> INNER CITY SCHOLARSHIP FUND, INC.	<b>Employer identification number</b> 51-0453629
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**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)(3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> INNER CITY SCHOLARSHIP FUND, INC.	<b>Employer identification number</b> 51-0453629
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 2,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 638,296.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 395,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **INNER CITY SCHOLARSHIP FUND, INC.**

Employer identification number

51-0453629

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization INNER CITY SCHOLARSHIP FUND, INC.

Employer identification number  
51-0453629

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

INNER CITY SCHOLARSHIP FUND, INC.

51-0453629

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees...

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 36.7000%
b Permanent endowment 48.9000%
c Temporarily restricted endowment 14.4000%
The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) PAYABLE TO ARCHDIOCESE OF NEW YORK	138,706.	
(3) PAYABLE TO DEPT. OF EDUC. ARCH. NY	25,000.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	163,706.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	17,056,529.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments	<b>2a</b> 485,367.		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	485,367.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	16,571,162.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	16,571,162.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	15,621,667.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	15,621,667.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	15,621,667.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

FORM 990, SCH D, PART V

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

BOARD - DESIGNATED: A FUND BESTOWED UPON ICSF TO BE USED FOR A SPECIFIC PURPOSE THAT THE BOARD OF TRUSTEES HAS DETERMINED. BOARD APPROVED INTEREST DISBURSED TO STUDENTS MOST NEEDY. DONOR - RESTRICTED: USE OF INCOME - 50% OF TUITION TO QUALIFIED STUDENTS UNABLE TO ENROLL IN SCHOOL WITHOUT THE MONETARY ASSISTANCE REPRESENTED BY THE AWARD. THE ENDOWMENT PORTFOLIO IS INVESTED THROUGH THE ASCENSION FUND. THE ARCHDIOCESE OF NEW YORK IS CUSTODIAN AND SEEKS A BALANCE OF INCOME AND GROWTH TO SUPPORT ICSF PROGRAMS. GENERALLY, SPENDING SHOULD NOT EXCEED 5% OF A FUND'S VALUE AT THE BEGINNING OF THE FISCAL YEAR. TO SUPPORT ICSF PROGRAMS. GENERALLY, SPENDING SHOULD NOT EXCEED 5% OF A FUND'S VALUE AT THE BEGINNING OF THE FISCAL YEAR.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		AWARD DINNER	SPRING GALA	4 .	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts . . . . .	1,809,167.	933,767.	546,779.	3,289,713.
	<b>2</b> Less: Contributions . . . . .	1,760,667.	793,213.	434,790.	2,988,670.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	48,500.	140,554.	111,989.	301,043.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	149,787.	169,692.	103,235.	422,714.
	<b>8</b> Entertainment . . . . .		8,345.		8,345.
	<b>9</b> Other direct expenses . . . . .		16,125.		16,125.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				447,184.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-146,141.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10 a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

FAIRCOM'S ADDRESS

SCHEDULE G, PART I, LINE 2B, COLUMN (I): FAIRCOM'S ADDRESS:

12 WEST 27TH STREET, 13TH FL

NEW YORK, NY 10001

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

FUNDRAISING EXPENSES

DIRECT MAIL CAMPAIGN EXPENSES IN THE AMOUNT OF \$302,875 REPORTED ON THE AUDITED FINANCIAL STATEMENTS AND REPORTED ON PART IX, LINE 11E, DIRECT MAIL FUNDRAISING EXPENSE.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

INNER CITY SCHOLARSHIP FUND, INC.

Employer identification number

51-0453629

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ACADEMY OF MT. ST URSULA 300 BEDFORD PK BLVD BRONX, NY 10458	13-1740316	501(C)(3)	151,334.				FINANCIAL AID
(2) ALBERTUS MAGNUS 798 ROUTE 304 BARDONIA, NY 10954	13-1874149	501(C)(3)	12,700.				FINANCIAL AID
(3) ALL HALLOWS 111 EAST 164TH ST BRONX, NY 10452	13-2669135	501(C)(3)	333,105.				FINANCIAL AID
(4) AQUINAS H.S. 685 EAST 182ND ST. BRONX, NY 10457	13-2728390	501(C)(3)	377,450.				FINANCIAL AID
(5) ASCENSION 220 WEST 108TH ST. NEW YORK, NY 10025	13-2695240	501(C)(3)	39,611.				FINANCIAL AID
(6) BLESSED SACRAMENT 147 WEST 70TH ST NEW YORK, NY 10023	13-2693402	501(C)(3)	29,000.				FINANCIAL AID
(7) BLESSED SACRAMENT 830 DELAFIELD AVE. STATEN ISLAND, NY 10310	13-2693392	501(C)(3)	9,736.				FINANCIAL AID
(8) CARDINAL HAYES 650 GRAND CONCOURSE BRONX, NY 10451	13-2669135	501(C)(3)	332,256.				FINANCIAL AID
(9) CARDINAL SPELLMAN 1 CARDINAL SPELLMAN BRONX, NY 10466	13-2669135	501(C)(3)	332,100.				FINANCIAL AID
(10) CATHEDRAL 350 EAST 56TH ST MANHATTAN, NY 10022	13-2669135	501(C)(3)	314,700.				FINANCIAL AID
(11) CHRIST THE KING 1345 GRAND CONCOURSE BRONX, NY 10452	13-2687820	501(C)(3)	32,000.				FINANCIAL AID
(12) CORNELIA CONNELLY CENTER FOR EDUCATION 220 EAST 4TH STREET NEW YORK, NY 10009	13-3735244	501(C)(3)	10,000.				FINANCIAL AID

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

INNER CITY SCHOLARSHIP FUND, INC.

Employer identification number

51-0453629

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CORPUS CHRISTI 535 WEST 121ST ST NEW YORK, NY 10027	13-2698639	501(C)(3)	48,024.				FINANCIAL AID
(2) DOMINICAN ACADEMY 44 EAST 68TH ST. MANHATTAN, NY 10065	13-1635262	501(C)(3)	14,250.				FINANCIAL AID
(3) GOOD SHEPARD 620 ISHAM ST NEW YORK, NY 10034	13-1623946	501(C)(3)	46,611.				FINANCIAL AID
(4) GUARDIAN ANGEL 193 10TH ST NEW YORK, NY 10011	13-2693053	501(C)(3)	48,000.				FINANCIAL AID
(5) HOLY CROSS 1846 RANDALL AVE BRONX, NY 10473	13-2693387	501(C)(3)	30,000.				FINANCIAL AID
(6) HOLY FAMILY 2169 BLACKROCK AVE BRONX, NY 10472	13-2686489	501(C)(3)	10,000.				FINANCIAL AID
(7) HOLY NAME OF JESUS 70 PETERSVILLE RD. NEW ROCHELLE, NY 10801	13-2693067	501(C)(3)	6,000.				FINANCIAL AID
(8) HOLY ROSARY 1500 ARNOW AVE BRONX, NY 10469	13-2693071	501(C)(3)	12,611.				FINANCIAL AID
(9) IMMACULATE CONCEPTION 419 EAST 13TH ST. NEW YORK, NY 10009	13-2703315	501(C)(3)	26,000.				FINANCIAL AID
(10) IMMACULATE CONCEPTION 378 EAST 151ST ST BRONX, NY 10455	13-2686496	501(C)(3)	42,000.				FINANCIAL AID
(11) IMMACULATE CONCEPTION 760 EAST GUN HILL BRONX, NY 10467	13-2693005	501(C)(3)	40,500.				FINANCIAL AID
(12) INCARNATION 570 WEST 175TH ST NEW YORK, NY 10033	13-2688407	501(C)(3)	173,700.				FINANCIAL AID

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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Name of the organization

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Employer identification number

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**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LA SALLE 44 EAST 2ND ST MANHATTAN, NY 10003	13-2669135	501(C)(3)	126,700.				FINANCIAL AID
(2) MONSIGNOR SCANLAN 915 HUTCHINSON BRONX, NY 10465	13-2679883	501(C)(3)	167,250.				FINANCIAL AID
(3) MOORE CATHOLIC 100 MERRILL AVE. STATEN ISLAND, NY 10314	13-2669135	501(C)(3)	16,500.				FINANCIAL AID
(4) MOTHER CABRINI 701 FORT WASHINGTON AVE MANHATTAN, NY 10040	13-2669135	501(C)(3)	137,150.				FINANCIAL AID
(5) MT. CARMEL/HOLY ROSARY 371 PLEASANT AVE NEW YORK, NY 10035	13-2831737	501(C)(3)	31,550.				FINANCIAL AID
(6) MT. ST MICHAEL 4300 MURDOCK AVE BRONX, NY 10466	13-2690365	501(C)(3)	136,280.				FINANCIAL AID
(7) NATIVITY OF OUR BLESSED LADY 3893 DYRE AVE BRONX, NY 10466	13-1743244	501(C)(3)	18,000.				FINANCIAL AID
(8) NOTRE DAME 327 WEST 13TH ST MANHATTAN, NY 10014	13-1782481	501(C)(3)	105,216.				FINANCIAL AID
(9) NOTRE DAME 134 HOWARD AVE. STATEN ISLAND, NY 10301	13-2669135	501(C)(3)	11,750.				FINANCIAL AID
(10) OUR LADY OF GOOD COUNSEL 42 AUSTIN PLACE STATEN ISLAND, NY 10304	13-2690858	501(C)(3)	10,450.				FINANCIAL AID
(11) OUR LADY OF GRACE 3981 BRONXWOOD AVE BRONX, NY 10466	13-2693393	501(C)(3)	24,000.				FINANCIAL AID
(12) OUR LADY OF LOURDES 468 WEST 143RD ST NEW YORK, NY 10031	13-1663210	501(C)(3)	214,890.				FINANCIAL AID

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2013**

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Department of the Treasury  
Internal Revenue Service

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OUR LADY OF LOURDES 131 BOARDMAN RD. POUGHKEEPSIE, NY 12603	13-2669135	501(C)(3)	10,250.				FINANCIAL AID
(2) OUR LADY OF MOUNT CARMEL/ST. BENEDICTA 285 CLOVE RD STATEN ISLAND, NY 10310	13-2688388	501(C)(3)	20,493.				FINANCIAL AID
(3) OUR LADY OF MT. CARMEL 2465 BATHGATE AVE BRONX, NY 10458	13-1740174	501(C)(3)	306,811.				FINANCIAL AID
(4) OUR LADY OF POMPEII 240 BLEECKER ST NEW YORK, NY 10014	13-3755325	501(C)(3)	8,000.				FINANCIAL AID
(5) OUR LADY OF REFUGE 2708 BRIGGS AVE BRONX, NY 10458	13-2695247	501(C)(3)	9,000.				FINANCIAL AID
(6) OUR LADY OF VICTORY 38 NO. FIFTH AVE MOUNT VERNON, NY 10550	13-2690307	501(C)(3)	37,698.				FINANCIAL AID
(7) OUR LADY QUEEN OF ANGELS 229 EAST 112TH ST NEW YORK, NY 10029	13-2687297	501(C)(3)	22,000.				FINANCIAL AID
(8) OUR LADY QUEEN OF MARTYRS 71 ARDEN ST NEW YORK, NY 10040	13-2694126	501(C)(3)	23,141.				FINANCIAL AID
(9) PRESTON 2780 SCHURZ AVE BRONX, NY 10465	13-2669135	501(C)(3)	103,806.				FINANCIAL AID
(10) SACRED HEART 34 CONVENT AVE YONKERS, NY 10703	13-1820177	501(C)(3)	5,500.				FINANCIAL AID
(11) SACRED HEART 95 WEST 168TH ST BRONX, NY 10452	13-2691174	501(C)(3)	44,000.				FINANCIAL AID
(12) SACRED HEART GRADE SCHOOL 34 CONVENT AVE. YONKERS, NY 10703	13-2693391	501(C)(3)	8,000.				FINANCIAL AID

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2013**

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Department of the Treasury  
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Name of the organization

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SACRED HEART OF JESUS 456 WEST 52ND ST NEW YORK, NY 10019	13-5562980	501(C)(3)	68,611.				FINANCIAL AID
(2) SACRED HEART/ST. FRANCIS 24 SO. ROBINSON AVE. NEWBURGH, NY 12550	46-3261645	501(C)(3)	25,000.				FINANCIAL AID
(3) SANTA MARIA 1510 ZEREGA AVE BRONX, NY 10462	13-2692936	501(C)(3)	45,111.				FINANCIAL AID
(4) ST. ANN 3511 BAINBRIDGE AVE BRONX, NY 10467	13-2687245	501(C)(3)	28,255.				FINANCIAL AID
(5) ST. ALOYSIUS 223 WEST 132ND ST NEW YORK, NY 10027	13-2687246	501(C)(3)	10,000.				FINANCIAL AID
(6) ST. ANGELA MERICI 266 EAST 163RD ST BRONX, NY 10451	13-2690368	501(C)(3)	60,000.				FINANCIAL AID
(7) ST. ANN 314 EAST 110TH ST NEW YORK, NY 10029	13-2688387	501(C)(3)	56,000.				FINANCIAL AID
(8) ST. ANN 125 CROMWELL AVE. STATEN ISLAND, NY 10304	13-5596881	501(C)(3)	7,245.				FINANCIAL AID
(9) ST. ANN 16 ELIZABETH ST OSSINING, NY 10562	13-2691190	501(C)(3)	10,000.				FINANCIAL AID
(10) ST. ANSELM 685 TINTON AVE BRONX, NY 10455	13-2693054	501(C)(3)	47,500.				FINANCIAL AID
(11) ST. ATHANASIUS 830 SO. BOULEVARD BRONX, NY 10459	13-2687818	501(C)(3)	15,000.				FINANCIAL AID
(12) ST. BARNABAS 413 EAST 241ST ST. BRONX, NY 10470	13-1942278	501(C)(3)	12,208.				FINANCIAL AID

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2013**

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Department of the Treasury  
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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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Name of the organization

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(1) ST. BARNABAS 425 EAST 240TH ST BRONX, NY 10470	13-1942279	501(C)(3)	52,400.				FINANCIAL AID
(2) ST. BENEDICT 1016 EDISON AVE. BRONX, NY 10465	13-2693072	501(C)(3)	6,000.				FINANCIAL AID
(3) ST. BRENDAN 268 EAST 207TH ST BRONX, NY 10467	13-2688402	501(C)(3)	34,685.				FINANCIAL AID
(4) ST. BRIGID 185 EAST 7TH ST NEW YORK, NY 10009	13-2693076	501(C)(3)	79,581.				FINANCIAL AID
(5) ST. CATHERINE 2250 WILLIAMSBRIDGE RD BRONX, NY 10469	13-2687430	501(C)(3)	154,650.				FINANCIAL AID
(6) ST. CHARLES BORROMEO 214 WEST 142ND ST NEW YORK, NY 10030	13-2688384	501(C)(3)	14,000.				FINANCIAL AID
(7) ST. CHRISTOPHER 15 LISBON PLACE STATEN ISLAND, NY 10306	13-2687244	501(C)(3)	9,759.				FINANCIAL AID
(8) ST. CLARE 151 LINDENWOOD RD. STATEN ISLAND, NY 10308	13-5596883	501(C)(3)	13,500.				FINANCIAL AID
(9) ST. CLARE OF ASSISI 1911 HONE AVE. BRONX, NY 10461	13-2686482	501(C)(3)	14,200.				FINANCIAL AID
(10) ST. ELIZABETH 612 WEST 187TH ST NEW YORK, NY 10033	13-2692428	501(C)(3)	26,000.				FINANCIAL AID
(11) ST. EUGENE 707 TUCKAHOE RD. YONKERS, NY 10710	13-2686487	501(C)(3)	7,000.				FINANCIAL AID
(12) ST. FRANCIS DECHANTAL 2962 HARDING AVE. BRONX, NY 10465	13-2693395	501(C)(3)	11,604.				FINANCIAL AID

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Schedule I (Form 990) (2013)

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OMB No. 1545-0047

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(1) ST. FRANCIS OF ASSISI 4300 BATCHESTER AVE BRONX, NY 10466	13-2695244	501(C)(3)	10,200.				FINANCIAL AID
(2) ST. GREGORY THE GREAT 138 WEST 90TH ST NEW YORK, NY 10024	13-2688401	501(C)(3)	14,500.				FINANCIAL AID
(3) ST. HELENA 2050 BENEDICT AVE BRONX, NY 10462	13-1740343	501(C)(3)	23,611.				FINANCIAL AID
(4) ST. JAMES THE APOSTLE 12 GLENEIDA AVE. CARMEL, NY 10512	14-1341223	501(C)(3)	8,500.				FINANCIAL AID
(5) ST. JEAN BAPTISTE 173 EAST 75TH ST MANHATTAN, NY 10021	13-2693089	501(C)(3)	210,650.				FINANCIAL AID
(6) ST. JOHN 3143 KINGSBRIDGE AVE BRONX, NY 10463	13-2686756	501(C)(3)	27,000.				FINANCIAL AID
(7) ST. JOHN 77 MURRAY AVE. GOSHEN, NY 10924	14-1539429	501(C)(3)	8,000.				FINANCIAL AID
(8) ST. JOHN CHRYSOSTOM 1144 HOE AVE BRONX, NY 10459	13-2734298	501(C)(3)	43,500.				FINANCIAL AID
(9) ST. JOHN VILLA ACADEMY 57 CLEVELAND PLACE STATEN ISLAND, NY 10305	13-5604691	501(C)(3)	15,750.				FINANCIAL AID
(10) ST. JOHN VILLA ACADEMY 57 CLEVELAND PLACE STATEN ISLAND, NY 10305	13-5604691	501(C)(3)	13,250.				FINANCIAL AID
(11) ST. JOSEPH 420 EAST 87TH ST NEW YORK, NY 10128	13-2691296	501(C)(3)	9,800.				FINANCIAL AID
(12) ST. JOSEPH 1946 BATHGATE AVE. BRONX, NY 10457	13-2690352	501(C)(3)	43,000.				FINANCIAL AID

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(1) ST. JOSEPH 30 MEADOW AVE. BRONXVILLE, NY 10708	13-2687289	501(C)(3)	24,350.				FINANCIAL AID
(2) ST. LUCY 830 MACE AVE BRONX, NY 10467	13-1740208	501(C)(3)	16,800.				FINANCIAL AID
(3) ST. LUKE 608 EAST 139TH ST BRONX, NY 10454	13-2693051	501(C)(3)	44,000.				FINANCIAL AID
(4) ST. MARGARET 34 NORTH MAGNOLIA ST. PEARL RIVER, NY 10965	13-2695748	501(C)(3)	13,578.				FINANCIAL AID
(5) ST. MARGARET MARY 121 EAST 177TH ST BRONX, NY 10453	13-2695172	501(C)(3)	36,000.				FINANCIAL AID
(6) ST. MARGARET OF CORTONA 452 WEST 260TH ST. BRONX, NY 10471	13-2695120	501(C)(3)	10,000.				FINANCIAL AID
(7) ST. MARK THE EVANGELIST 55 WEST 138TH ST NEW YORK, NY 10037	13-2686814	501(C)(3)	14,000.				FINANCIAL AID
(8) ST. MARY 3956 CARPENTER AVE BRONX, NY 10466	13-1996614	501(C)(3)	22,611.				FINANCIAL AID
(9) ST. NICHOLAS OF TOLENTINE 2336 ANDREWS AVE BRONX, NY 10468	13-2690355	501(C)(3)	23,000.				FINANCIAL AID
(10) ST. PATRICK 3560 RICHMOND RD. STATEN ISLAND, NY 10306	13-2693382	501(C)(3)	7,000.				FINANCIAL AID
(11) ST. PAUL 114 EAST 118TH ST NEW YORK, NY 10035	13-2687825	501(C)(3)	57,700.				FINANCIAL AID
(12) ST. PETER 121 LINCOLN PLACE LIBERTY, NY 12754	14-1593120	501(C)(3)	20,000.				FINANCIAL AID

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**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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(1) ST. PETER 204 HAWTHORNE AVE YONKERS, NY 10705	13-2699291	501(C)(3)	11,550.				FINANCIAL AID
(2) ST. PETER 12 FATHER CODY POUGHKEEPSIE, NY 12601	46-3261645	501(C)(3)	27,944.				FINANCIAL AID
(3) ST. PETER BOYS 200 CLINTON AVE STATEN ISLAND, NY 10301	13-2688406	501(C)(3)	26,076.				FINANCIAL AID
(4) ST. PHILIP NERI 3031 GRAN CONCOURSE BRONX, NY 10469	13-2690360	501(C)(3)	27,111.				FINANCIAL AID
(5) ST. RAYMOND 2151 ST. RAYMOND AVE BRONX, NY 10462	13-1958475	501(C)(3)	45,050.				FINANCIAL AID
(6) ST. RAYMOND 2151 ST RAYMOND AVE BRONX, NY 10462	13-1958475	501(C)(3)	203,965.				FINANCIAL AID
(7) ST. RAYMOND GIRLS 1725 CASTLE HILL AVE BRONX, NY 10462	13-2688683	501(C)(3)	186,784.				FINANCIAL AID
(8) ST. ROSE OF LIMA 517 WEST 164TH ST NEW YORK, NY 10032	13-2690364	501(C)(3)	16,000.				FINANCIAL AID
(9) ST. SIMON STOCK 2195 VALENTINE AVENUE BRONX, NY 10457	13-2694446	501(C)(3)	19,011.				FINANCIAL AID
(10) ST. STEPHEN OF HUNGARY 408 EAST 82ND ST NEW YORK, NY 10028	13-2695173	501(C)(3)	15,000.				FINANCIAL AID
(11) ST. THERESA SCHOOL 2872 ST. THERESA AVENUE BRONX, NY 10461	13-2687429	501(C)(3)	36,410.				FINANCIAL AID
(12) ST. THOMAS AQUINAS 1909 DALY AVE BRONX, NY 10460	13-2687828	501(C)(3)	44,000.				FINANCIAL AID

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

INNER CITY SCHOLARSHIP FUND, INC.

Employer identification number

51-0453629

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ST. VINCENT FERRER 151 EAST 65TH ST MANHATTAN, NY 10021	13-2698371	501(C)(3)	117,560.				FINANCIAL AID
(2) STS. PETER & PAUL 838 BROOK AVE BRONX, NY 10451	13-1740375	501(C)(3)	108,128.				FINANCIAL AID
(3) STS. PETER & PAUL 129 CLINTON AVE. STATEN ISLAND, NY 10301	13-2686494	501(C)(3)	24,985.				FINANCIAL AID
(4) STS. PHILIP & JAMES 1160 EAST 213TH ST BRONX, NY 10469	13-2686485	501(C)(3)	29,159.				FINANCIAL AID
(5) TRANSFIGURATION 29 MOTT ST NEW YORK, NY 10013	13-5562331	501(C)(3)	18,000.				FINANCIAL AID
(6) VISITATION 171 WEST 239TH ST BRONX, NY 10463	13-2691193	501(C)(3)	74,000.				FINANCIAL AID
(7) CARDINAL'S SCHOLARSHIP PROGRAM 1011 FIRST AVE NEW YORK, NY 10022	13-3096713	501(C)(3)	5,566,178.				FINANCIAL AID
(8) ARCHDIOCESE OF NY DRUG ABUSE PREVENTION 2789 SCHURZAVE. BRONX, NY 10465	13-2765085	501(C)(3)	50,000.				FINANCIAL AID
(9) CATHOLIC ALUMNI PARTNERSHIP 1011 FIRST AVE NEW YORK, NY 10022	26-4243330	501(C)(3)	50,000.				FINANCIAL AID
(10) DEPARTMENT OF EDUCATION 1011 FIRST AVE NEW YORK, NY 10022	13-2669134	501(C)(3)	320,000.				FINANCIAL AID
(11) _____							
(12) _____							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 118.

3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2

MONITORING THE USE OF GRANT FUNDS

OUR "PARTNERSHIP FOR STRONG SCHOOLS" GRANTING PROGRAM PROVIDES UNRESTRICTED FUNDS TO INNER-CITY SCHOOLS TO USE WHERE THE STUDENTS AND/OR THE SCHOOL NEED IT MOST. THIS COULD BE FOR STUDENT SCHOLARSHIPS, ENRICHMENT OPPORTUNITIES, CAPITAL REPAIRS OR GENERAL OPERATIONS. THE AMOUNT OF MONEY DISBURSED IS BASED ON THE NUMBER OF STUDENTS PER SCHOOL. BE A STUDENT'S FRIEND APPLICATIONS ARE GIVEN TO THE PRINCIPALS, WHO HAND THEM OUT TO THE NEEDIEST STUDENTS WHO APPLY FOR FINANCIAL AID. ICSF REVIEWS ALL STUDENT APPLICATIONS AND CONNECTS NEW SPONSORS WITH THE

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

STUDENTS FROM THE NEEDY LIST. THE DONOR'S MONEY IS THEN APPLIED TO THIS STUDENT. TO VERIFY ENROLLMENT, ICSF IS PROVIDED WITH A REPORT CARD AND THANK YOU NOTES TWICE A YEAR. CARDINAL'S SCHOLARSHIP PROGRAM (CSP), ICSF'S PARTNER, CSF ADMINISTERS THE CSP. STUDENTS APPLY DIRECTLY TO CSP. CSP PROVIDES SLIDING SCALE SCHOLARSHIPS. CSP VERIFIES ALL STUDENTS THROUGHOUT THE YEAR AND SENDS ICSF A COPY.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

INNER CITY SCHOLARSHIP FUND, INC.

Employer identification number

51-0453629

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SUSAN GEORGE EXECUTIVE DIRECTOR	(i)	221,550.	0	12,043.	4,000.	13,466.	251,059.	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

INNER CITY SCHOLARSHIP FUND, INC.

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number

51-0453629

FORM 990, PART III

LINE 1, ORGANIZATION'S MISSION:

INNER-CITY SCHOLARSHIP FUND CHANGES LIVES FOR THE BETTER BY PROVIDING FAMILIES WITH DEMONSTRABLE FINANCIAL NEED THE OPPORTUNITY TO GIVE THEIR CHILDREN A QUALITY, VALUES-BASED K-12 CATHOLIC EDUCATION WITHIN THE ARCHDIOCESE OF NEW YORK. ICSF EXISTS TO ENSURE THAT THE GIFT OF AN EXCELLENT CATHOLIC SCHOOL EDUCATION CONTINUES TO BE A VIABLE OPTION FOR CURRENT AND FUTURE GENERATIONS OF STUDENTS OF ALL FAITHS.

LINE 4D, OTHER PROGRAMS:

ENRICHMENT PROGRAM - THIS PROGRAM GIVES HIGH SCHOOL JUNIORS AN OPPORTUNITY TO GAIN EXPERIENCE IN A BUSINESS SETTING THROUGH JOB-RELATED WORKSHOPS AND PAID SUMMER INTERNSHIPS AT MANY NEW YORK PRESTIGIOUS COMPANIES AND ORGANIZATIONS. JUNIOR COMMITTEE PROVIDES HANDS-ON SUPPORT TO STUDENTS IN OUR PARTICIPATING SCHOOLS. THEY WORK AND LIVE THROUGHOUT THE TRI-STATE AREA AND THEIR COMMON DESIRE IS TO HELP THE BOYS AND GIRLS OF THE INNER-CITY BY PROVIDING THEM WITH ENRICHING EXPERIENCE.

SECTION A, FORM 990, PART VI, LINE 2

PATRICIA A. QUICK AND THOMAS QUICK, TRUSTEES, HAVE A FAMILY RELATIONSHIP, SIBLINGS.

Name of the organization INNER CITY SCHOLARSHIP FUND, INC.	Employer identification number 51-0453629
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## SECTION B, FORM 990, PART VI

## LINE 11:

THE TAX RETURN PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IS REVIEWED BY THE PRINCIPAL OFFICER. ICSF AUDIT COMMITTEE REVIEWS THE FORM 990 AND AN ELECTRONIC COPY OF THE FINAL FORM 990 IS PROVIDED TO EACH MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS.

## LINE 12 - CONFLICT OF INTEREST:

A MEMBER OF THE BOARD OF TRUSTEES RECEIVES A COPY OF THE CONFLICT OF INTEREST QUESTIONNAIRE WITH OTHER MATERIALS TO SIGN. THE BOARD REVIEWS QUESTIONNAIRES COMPLETED BY EACH BOARD MEMBER ANNUALLY. THE POLICY PROVIDES THE FOLLOWING:

A. MEMBERS OF THE BOARD SHALL NOT PERSONALLY BENEFIT AS A RESULT OF THEIR BOARD INVOLVEMENT EXCEPT FOR REASONABLE COMPENSATION OF SERVICES RENDERED. THE PURPOSE OF THIS PROVISION IS TO PREVENT BOARD MEMBERS FROM ACTING PRIMARILY ON THE BASIS OF FINANCIAL SELF-INTEREST AND TO PREVENT INNER-CITY SCHOLARSHIP FUND FROM OPERATING IN A MANNER THAT FAVORS BOARD MEMBERS TO THE DETRIMENT OF OTHERS.

B. IN THE EVENT THAT THE BOARD CONSIDERS AN ISSUE THAT INVOLVES THE FINANCIAL RELATIONSHIP BETWEEN THE ORGANIZATION AND A MEMBER OF THE BOARD, THE BOARD MEMBER WILL DISCLOSE TO THE BOARD THE FINANCIAL RELATIONSHIP THAT THE PARTICULAR BOARD MEMBER HAS WITH RESPECT TO THE ISSUE. THE BOARD MEMBER SHALL REFRAIN FROM VOTING ON THE MATTER.

C. BOARD MEMBERS WHO SERVE AS AN EMPLOYEE OR VOLUNTEER IN A DECISION MAKING CAPACITY ON BEHALF OF ANOTHER ORGANIZATION WHICH INNER-CITY SCHOLARSHIP FUND IS WORKING WITH OR TRANSACTING BUSINESS WITH, SHALL

Name of the organization INNER CITY SCHOLARSHIP FUND, INC.	Employer identification number 51-0453629
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INFORM THE BOARD PRESIDENT AND THE EXECUTIVE DIRECTOR AS TO THEIR INVOLVEMENT IN THE SAID ORGANIZATION.

D. THE CONFLICT OF INTEREST POLICY APPLIES TO A BOARD MEMBER'S IMMEDIATE FAMILY AS WELL AS TO INDIVIDUAL BOARD MEMBERS.

FORM 990, PART VI, SECTION C QUESTION 19

ALL FINANCIAL STATEMENTS AND SIGNED CONFLICT OF INTEREST FORMS ARE AVAILABLE ON THE ICSF WEB SITE, WWW.INNERCITYSCHOLARSHIPFUND.ORG.

GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
ENRICHMENT PROGRAM	420,351.	644,273.	
TOTALS	<u>420,351.</u>	<u>644,273.</u>	

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
FAIRCOM NEW YORK, INC. 12 WEST 27TH STREET, 13TH FLOOR NEW YORK, NY 10001	DIRECT MAIL	302,875.
CIPRIANI'S 110 EAST 42ND STREET NEW YORK, NY 10017	EVENTS	175,902.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

INNER CITY SCHOLARSHIP FUND, INC.

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2013**

**Open to Public  
Inspection**

Employer identification number

51-0453629

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ARCHDIOCESE OF NEW YORK 1011 FIRST AVENUE NEW YORK, NY 10022 13-3089351	RELIGIOUS	NY	501(C)(3)	1	N/A		X
(2) PARISH ASSISTANCE CORPORATION 1011 FIRST AVENUE NEW YORK, NY 10022 26-3265664	PARISH SUPPOR	NY	501(C)(3)	1	ARCHD. OF NY		X
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)	X	
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PARISH ASSISTANCE CORPORATION	D	2,156,505.	
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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